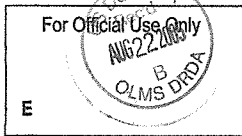


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>022-305</u> <u>10643</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Victor</u> <u>G</u> <u>White</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 4134</u> Street <u>120 Southview St.</u> City <u>Chattanooga</u> State <u>Tennessee</u> ZIP Code + 4 <u>37405</u>	4. Name, file number, and address of labor organization. Name <u>Carpenters Ind Local Union 74</u> Labor Organization File Number <u>022-305</u> P.O. Box, Building and Room Number, if any Street <u>6260 Dayton Blvd</u> City <u>hixson</u> State <u>Tennessee</u> ZIP Code + 4 <u>37343</u>
5. Position in labor organization. <u>Vice President of Local 74</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Victor G. White On 08/15/2005 4233227002
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tri-State Carpenters Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6260 Dayton Blvd.

City Hixson, TN 37343

State Tennessee ZIP Code + 4 37343

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Tri-State Carpenters Pension fund administers pension benifits for Carpenters Local 74.

11.b. Approximate dollar value of such dealing.

\$32

12.a. Nature of interest held or income received.

Recieved a 1/2 christmas ham valued at \$31.76. The ham was for serving as a trustee on the funds. I serve on the funds without a salary.

12.b. Amount.

\$32

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tri-State Carpenters Health&Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6260 Dayton Blvd.

City Hixson, TN 37343

State Tennessee ZIP Code + 4 37343

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Tri-State health&welfare administers health insurance for Carpenters Local 74.

11.b. Approximate dollar value of such dealing.

\$32.00

12.a. Nature of interest held or income received.

Recieved a 1/2 christmas ham valued at \$31.76. The ham was for serving as a trustee on the funds. I serve on the funds without a salary.

12.b. Amount.

\$32.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Victor White

File Number U- 022-305

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Steve Binder

Trade Name, if any: Columbia Partners

P.O. Box, Bldg., Room No., if any

Street 1775 Penn. Av. Nw.

City Washington DC

State Maryland ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Ex-Money Manager purchased dinner for 34.20 while going over new investing stradgys.

11.b. Approximate dollar value of such dealing.

\$34

12.a. Nature of interest held or income received.

Ex-Money Manager purchased dinner for 34.20 while going over new investing stradgys.

12.b. Amount.

\$34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State Maryland ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.